


SUMMARY SHEET OF REPORTABLE DISEASES

Rhode Island Department of Health 3 Capitol Hill – Room 106 Providence, Rhode Island 02908-5097			Phone: (401) 222-2577 After Hours: (401) 272-5952 Fax: (401) 222-2477; (401) 222-2488 AUGUST 2002
All reporters listed in Section 2.0 ¹ are required to report the diseases listed below. Case identity is required except in HIV-1 or HIV-2 infection. The EPI-2002 reports may be mailed, faxed, received by phone or by electronic methods to the Department of Health, Room 106, 3 Capitol Hill, Providence, RI 02908-5097, phone number: (401) 222-2577. After hours and weekends for diseases reportable immediately, report to the MD on call at (401) 272-5952.			
USE OTHER FORMS TO REPORT:			
HIV and AIDS Use the HIV/AIDS REPORTING FORM or call (401) 222-2320.	Sexually Transmitted Diseases Use the CONFIDENTIAL REPORT FOR SEXUALLY TRANSMITTED DISEASES form or call (401) 456-4302.	Tuberculosis Use the TUBERCULOSIS REPORTING FORM or call (401) 222-2577.	
Diseases in BOLD must be reported IMMEDIATELY by telephone on the day of recognition or strong suspicion of disease. Laboratory confirmation is not necessary prior to report being filed. State Laboratory can assist with specimen collection and handling (401-222-5600). All other disease listed must be reported by mail, telephone, or electronically within four days of recognition or strong suspicion of disease.			
Acquired Immunodeficiency Syndrome (AIDS)	Ehrlichiosis	Listeriosis ³	Staphylococcal enterotoxin B poisoning
Amebiasis	Encephalitis (primary including arboviral or parainfectious)	Lyme Disease	Streptococcal Toxic Shock
Animal bites	Enterohemorrhagic <i>E. coli</i> including <i>E. coli</i> O157:H7	Lymphogranuloma venereum	Syphilis: primary, secondary, early latent
Anthrax	Giardiasis	Malaria	Syphilis: late latent
Babesiosis	Glanders	Measles	Tetanus
Botulism	Gonorrhea	Meningitis (aseptic, bacterial, fungal or viral)	Toxic Shock Syndrome (TSS)
Brucellosis	Group A Streptococcal Disease ³	Meningococcal Disease³	Transmissible spongiform encephalopathies (including Creutzfeldt Jakob Disease)
Campylobacteriosis	Group B Streptococcal Disease ³	Mumps	Trichinosis
Chancroid	Granuloma inguinale	Ornithosis (psittacosis)	Tuberculosis disease (all sites) PPD + in children < 6 years
Chlamydia infections-genital	<i>H. influenzae</i> disease ³	Pelvic Inflammatory Disease	Tularemia
Cholera	Hansen's disease (leprosy)	Pertussis	Typhoid fever
Ciguatera, Paralytic shellfish or Scombroid poisoning	Hantavirus Pulmonary Syndrome	Pneumococcal disease ³	Unexplained deaths possibly due to unidentified infectious causes
Clostridium perfringens epsilon toxin poisoning	Hemolytic Uremic Syndrome	Poliomyelitis	Vancomycin resistant enterococcus (VRE) infection ²
Clusters or Outbreaks²	Hepatitis A⁴	Q-fever	Vancomycin resistant/intermediate Staphylococcus aureus (VRSA/VISA), any site
Coccidioidomycosis	Hepatitis B, C, D, E and unspecified viral hepatitis-- acute infections ⁴	Rabies (human)	Vibrio vulnificus or V. parahaemolyticus infection
Cryptosporidiosis	Hepatitis B surface antigen (HBsAg) positive pregnant women	Ricin poisoning	Viral hemorrhagic fevers
Cyclosporiasis	Histoplasmosis	Rocky Mountain Spotted Fever	Yellow fever
Death resulting from complications of varicella	HIV-1 or HIV-2 infection ⁵	Rubella	Yersiniosis
Dengue Fever	Legionellosis	Salmonellosis	
Diphtheria	Leptospirosis	Shigellosis	
		Smallpox	

¹ Rules and Regulations Pertaining to the Reporting of Communicable, Environmental and Occupational Diseases (R23-10-DIS).

² The number of cases indicating an outbreak or cluster will vary according to the infectious agent or the conditions/hazards, size and type of population exposed, previous experience or lack of exposure to the disease, and time and place of occurrence. A single case of a communicable disease long absent from a population or the first invasion by a disease not previously recognized in that area requires immediate reporting and epidemiologic investigation; two (2) cases of such a disease associated in time and place are sufficient evidence of transmission to be considered an outbreak. Outbreaks or clusters are therefore identified by significant increases in the usual incidence of the disease in the same area, among the specified population, at the same season of the year. Some examples of outbreaks are as follows: foodborne outbreak/poisoning, institutional outbreaks and waterborne outbreaks. A single case of rare and unusual diagnoses, such as smallpox, ebola, or human rabies is considered an outbreak. Outbreaks of unusual diseases or illness that may indicate acts of

terrorism using biological agents, such as anthrax, botulism, ricinosis, epsilon toxin of Clostridium perfringens, and Staphylococcus enterotoxin B and any condition compatible with radiological or chemical terrorism events are also reportable.

³ Invasive disease: confirmed by isolation from blood, CSF, pericardial fluid, pleural fluid, peritoneal fluid, joint fluid, or other normally sterile site.

⁴ Report AST, ALT and bilirubin, also.

⁵ Use unique identifier, not name of patient.